

Bella Vista Police Department

Citizens Police Academy Application

Download this application to your desktop first, fill it out and save it, then send it via email.

Name: (Last) _____ (First) _____ (MI) _____

Address: _____ City: _____ State _____ Zip: _____

Phone: (Work) _____ (Home) _____ (Emergency) _____

Email: _____ Date of Birth (MM/DD/YYYY) ____/____/____

Physical Condition: Excellent: _____ Good: _____ Poor: _____

Are you able to walk unassisted, bend at the waist and easily lift 10 lbs? _____

Occupation: _____

Place of Employment: _____

Why do you wish to attend the Citizens Police Academy?

Have you ever been arrested for a crime? If yes, what crime and when?

Give the name, address, and phone number of two character references:

1. _____

2. _____

Applicants are required to be at least 21 years of age and have no criminal record, (no felony convictions and/or arrests for domestic abuse laws) because of firearms training that will take place during this course. Please return this application to the Bella Vista Police Department in person, by email to tcook@bellavistaar.gov, by fax to 479-855-8050, or mail it to the following address:

Bella Vista Police Department
Attn: Captain Tim Cook
105 Town Center
Bella Vista, AR 72714

For any questions about participating or general questions about the Citizens Police Academy prior to submitting the application, contact Capt. Tim Cook at 479-855-3771 or via email at tcook@bellavistaar.gov.